Urinary incontinence (UI) is a common health issue that affects individuals of all ages and disproportionately affects females. Symptoms alone are a poor indicator of the effect UI has on an individual’s life. The first International Consultation on Incontinence met in 1998 to create a universal questionnaire to assess the symptoms and effect of UI. There are currently 19 modules within the International Consultation on Incontinence Modular Questionnaire, with 3 additional in development. The International Consultation on Incontinence Modular Questionnaire—Short Form for Urinary Incontinence (ICIQ-UI SF) is the first and most commonly used module. The ICIQ-UI SF is a 6-item patient-reported outcome measure designed to assess the level, effect, and perceived cause of incontinence on quality of life in adult populations. Items 1 and 2 are demographic questions, and item 6 asks about leakage-inducing activities; these items are unscored. Items 3, 4, and 5, which measure urinary frequency, amount, and interference with daily activities, are scored and summed to give a total score ranging from 0-21. The ICIQ-UI SF does not require training, and it can be administered for free using the evaluation form and a writing utensil. Additionally, this form has been cross-culturally validated in 63 different languages. The ICIQ-UI SF demonstrates excellent test-retest reliability, convergent validity, and concurrent validity with similar instruments that assess UI.

This abbreviated summary provides a review of the psychometric properties of the International Consultation on Incontinence Modular Questionnaire—Urinary Incontinence Short Form (ICIQ-UI SF) in females with urinary incontinence. A full review of the ICIQ-UI SF and reviews of over 480 other instruments for patients with various health conditions can be found at: www.sralab.org/Rehabilitation-Measures.

Please address correspondence to rehabmeasures@sralab.org.

This instrument summary is designed to facilitate the selection of outcome measures by clinicians. The information contained in this summary represents a sample of the peer-reviewed research available at the time of this summary’s publication. The information contained in this summary does not constitute an endorsement of this instrument for clinical practice. The views expressed are those of the summary authors and do not represent those of authors’ employers, instrument owner(s), the Archives of Physical Medicine and Rehabilitation, the Rehabilitation Measures Database, or the United States Department of Health and Human Services. The information contained in this summary has not been reviewed externally.

The Rehabilitation Measures Database and Instrument Summary Tear-sheets were initially funded by the National Institute on Disability, Independent Living, and Rehabilitation Research, Administration for Community Living, United States Department of Health and Human Services, through the Rehabilitation Research and Training Center on Improving Measurement of Medical Rehabilitation Outcomes (H133B090024). Current funding for the Rehabilitation Measures Database comes from the Shirley Ryan AbilityLab, the first-ever “translational” research hospital where clinicians, scientists, innovators, and technologists work together in the same space, applying research in real time to physical medicine and rehabilitation.
BIBLIOGRAPHY

## Characteristics and utility of ICIQ-UI SF

### Measure Name:
International Consultation on Incontinence Modular Questionnaire – Urinary Incontinence Short Form

### Acronym:
ICIQ-SF

### Purpose and Administration Instructions:
A 6-item subjective measure designed to assess the level, effect, and perceived cause of incontinence in adult populations.

### Populations Reviewed:
Women with Urinary Incontinence

### Administration Time:
<5 minutes

### Required Equipment:
None

### Training Required:
None

### Score:
Min: 0 / Max: 21

### Items:
6

### Validity:

#### Concurrent Validity:
- **Adequate** correlation ($r = .46$) with the 24-hour pad test
- **Adequate** correlation with mean frequency of leakage episodes in urinary diary (Kendall’s tau $b = 0.399$, $p = .002$)
- **Poor** correlation ($r = .2$) with Stamey grade
- **Excellent** correlation ($r = .62$) with the Incontinence Severity Index

#### Convergent Validity:
- **Adequate** to **Excellent** correlation ($r = .72$) with the King’s Health Questionnaire
- **Excellent** correlation ($r = .74$) with ICSCmaleSF Incontinence score
- **Excellent** correlation ($r = 0.6-0.84$) with Bristol women Lower Urinary Tract Symptoms
- **Adequate** correlation ($r = .52$) with the Patient Global Impression of Improvement

#### Scoring Information:
- Items (questions) 1 and 2 are demographic questions (DOB and sex)
- Item (3, 4, and 5) scores are summed for the total score on the ICIQ-UI SF
- Scoring scale: 0-21, minimum 0, maximum 21. A higher score indicates greater impairment from incontinence.
- Item-level scores vary but range from 0-10. Item (question) 6 (self-perceived cause) is unscored.

#### Cut-Off Scores:
- **Categories:** Slight = 1-5, Moderate = 6-12, Severe = 13-18, Very severe = 19-21

#### Normative Data:
- **Mean Total Score:** 7.4(3.6) ; 10.2(3.17) ; 13(4) ; 25(5.6)
- **MDC:** .58 ; **MCID:** 2.52 (2.56)
- **Standard Error of Measurement:** 0.21

### Reliability:

#### Test-retest Reliability:
- **Excellent** test-retest reliability in women (Total Score ICC = 0.95)
- **Excellent** test-retest reliability in women (Total Score ICC = 0.91; Japanese version)
- **Excellent** Internal consistency with Cronbach’s alpha = .92
- **Adequate** Internal consistency for Japanese version with Cronbach’s alpha = .78, Japanese version

#### Internal Consistency:
- **Excellent** internal consistency with women (Cronbach’s alpha 0.60)
- **Adequate** Internal consistency for Japanese version with Cronbach’s alpha = .78, Japanese version

### Responsiveness:

**Large effect sizes (≥ 0.8)** were present for each individual item score as well as the total score

### Floor / Ceiling Effects:
- **Adequate** floor effect 0.8% to 4.1% (Japanese version)
- **Adequate to poor** ceiling effect 7.5% to 23.1% (Japanese version)

### Abbreviations:
- ICC: Intraclass correlation coefficient
- MDC: Minimal detectable change
- MCID: Minimal clinically important difference

### Considerations:
- The International Consultation on Incontinence developed additional modules. They include: ICIQ-VS for vaginal symptoms, ICIQ-OAB for overactive bladder, ICIQ-UAB for underactive bladder, ICIQ-MLUTS for male lower urinary tract symptoms (LUTS), ICIQ-FLUTS-SEX for female LUTS, ICIQ-MLUTS-SEX or ICIQ-FLUTS-SEX for LUTS sex-specific sexual matters, and ICIQ-LUTS-QL for LUTS related quality of life. Each short module of the ICIQ uses a 5-point Likert scale to assess the presence, severity and associated bother of symptoms.

### Floor / Ceiling Effects:

<table>
<thead>
<tr>
<th>Measure</th>
<th>ICC</th>
<th>MDC</th>
<th>MCID</th>
<th>SEM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>≥ .6</td>
<td>≥ .75</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adequate</td>
<td>.31-.59</td>
<td>.40-.74</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poor</td>
<td>≤ .3</td>
<td>&lt; .4</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>